



Management Referral Form Gloucestershire Hospitals NHS Foundation Trust	Issue 4: Dec 2023 WWF-008a
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EMPLOYEE SECTION – TO BE COMPLETED BY THE EMPLOYEE

Surname:					
Forename:					
Mr/Mrs/Miss/Ms/Dr/Other:		Date of Birth:			
Personal email:					
(we will email your appointment letters and clinician reports - please ensure that workingwell@ghc.nhs.uk is on your safe senders list/check your junk folder)					
Work phone No.		Preferred?			
Home phone No.		Preferred?			
Mobile phone No.		Preferred?			
We will use your mobile number to text your appointment updates and if you use any of our services in the future. You can opt out of receiving text messages at any time by replying STOP to any of our texts or by emailing workingwell@ghc.nhs.uk					
Home Address:					
Post Code:					
<u>Privacy Notice</u> No personal information held by us will be processed unless the requirements for fair and lawful processing can be met. Our Privacy Notice, which can be accessed at https://www.workingwellglos.nhs.uk/privacy-notice/ provides a summary of how we will ensure we meet these requirements.					

MANAGER SECTION - TO BE COMPLETED BY THE MANAGER

Manager's Surname:	
Manager's Forename:	
Contact No:	
Managers secure work email:	
HR Advisor:	
Secure password will be made up of WW and Employee DOB i.e. WWDDMMYY	
ORGANISATION:	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Employee's Job Title:	

Location / Area of Work:			
Contracted Hours:	Full Time	Part Time	Number of Hours
	Bank	Temporary	How many months
Please attach a job description, or provide brief details of the job on a separate sheet.			

ADVICE REQUIRED: Please tick

Long-term sickness absence
Frequent short-term sickness absence
Fitness for current position
Any adjustments that should be made, including redeployment either temporary or permanent
Likely date when employee will be fit to return to their duties
Is this person likely to meet the criteria for protection under the disability provisions of the Equality Act 2010
To assess possible eligibility for ill health retirement

IS THIS PERSON CURRENTLY OFF SICK?	YES	NO
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1.	If employee is currently off sick, please give date last worked and the reason given for sickness absence:
2.	Please provide (or attach details) of the last 12 months' sickness absence, including dates and reasons for absence:
3.	Please provide further details of the main issues that have led to this referral:

4.	Please indicate any specific questions on which you would like advice (that are not already covered above).

Please indicate if duties involve any of the following requirements or exposures:

Shift Work	Visual Display Unit (VDU) Work
00:00–05:00hrs Night Working	Skin Sensitisers / Irritants
Working Alone	Driving of clients or patients
Significant Manual Handling	Dusts
Respiratory Sensitisers / Irritants	Hand Arm Vibration (HAVS)
Chemicals	Significant/Repetitive Noise
Other Identified Hazards:	

MANAGER'S DECLARATION

I have discussed the reasons for this referral and the details on this form with the employee and have provided him/her with a copy of the form.

Signature (Manager)		Date	
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